

Case Number:	CM15-0057807		
Date Assigned:	04/02/2015	Date of Injury:	11/29/2005
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 54 year old female who sustained an industrial injury on 11/29/2005. She reported neck and shoulder pain. The injured worker was diagnosed as having neck sprain and strain. Treatment requests to date have included physical therapy, acupuncture, chiropractic care and medications including non-steroidal anti-inflammatories and muscle relaxants. Currently, the injured worker complains of persistent symptoms in the right shoulder with decreased range of motion and right cervical and trapezii weakness. Flexeril 10 mg #60 with 1 refill is requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 54 year old patient presents with neck and shoulder pain. The request is for FLEXERIL 10MG #60 WITH 1 REFILL. The provided RFA is dated 02/24/15 and the patient's date of injury is 11/29/05. Per RFA, the diagnosis is neck sprain and strain. Per 11/03/14 report, physical examination to the right shoulder revealed decreased range of motion and weakness. MRI of the right shoulder performed on 11/06/13 showed A/C arthritis with impingement. Physical examination to the cervical spine revealed tenderness to palpation with spasm. Treatment has included physical therapy, acupuncture, chiropractic care and medications including non-steroidal anti-inflammatories and muscle relaxants. Current medications include Flexeri land Motrin. The patient remains permanent and stationary. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided a reason for the request. In this case, only one report was provided for review, dated 11/03/14. MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. The utilization review letter is dated 03/04/15. It is unknown how long the patient has been prescribed Flexeril, however the date of the treater report in comparison to the UR letter suggests the patient's use of Flexeril has exceeded MTUS guidelines. Additionally, the current request for quantity 60 does not indicate intended short-term use either. Therefore, the request IS NOT medically necessary.